

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/070294

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1													
2		1					51							
3		2					52							
4		3					53							
5		4					54							
6		5					55							
7	1	6					56							
8		1					57							
9		1					58							
10		1					59							
11		1					60							
12		1					61							
13		2					62							
14		3					63							
15	1	4					64							
16		5					65							
17		1					66							
18							67							
19							68							
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44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.			3				TOTAL IND.							
TOTAL DEP.			13				TOTAL DEP.							
TOTAL CLAIMS			16				TOTAL CLAIMS							